

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011231

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1791

STATE FILE NUMBER

FILED APR 16 1962

| | | | |
|--|--|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) Wheatly Hospital | | d. STREET ADDRESS (If outside, give location) 4007 Thompson | |
| 3. NAME OF DECEASED (Type or print) Clyde Officer | | 4. DATE OF DEATH Month 3 Day 28 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-12-1902 |
| 9. AGE (last birthday) 60 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter | |
| 11. BIRTHPLACE (City and state or country) Kansas City, Kansas | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Bishop Officer | | 13b. MOTHER'S MAIDEN NAME Addie Dayton | |
| 14. NAME OF HUSBAND OR WIFE Helen Officer | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Helen Officer | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Arteriosclerotic Heart Disease and extreme hypokalemia DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) and extreme hypokalemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the principal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH 3 m | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none | |
| 20c. TIME OF INJURY Hour none Day none Month none Year none | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | | 20f. CITY, TOWN, OR LOCATION Kansas City | |
| 20g. COUNTY Wyandotte | | 20h. STATE Kansas | |
| 21. I attended the deceased from Oct 15, 60 to 3/18/62 and last saw him alive on 3/18/62 Death occurred at 1059 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE John H. Wells | | 22b. ADDRESS 3218 Prospect, K.C., Mo | |
| 22c. DATE SIGNED 3/29/62 | | 22d. LOCATION (City, town, or county) Kansas City, Kansas | |
| 23a. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery | | 23b. LOCATION (City, town, or county) Kansas City, Kansas | |
| 23c. DATE 4-2-1962 | | 23d. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery | |
| 24. FUNERAL DIRECTOR Mrs. J. W. Jones | | 25. DATE RECD. BY LOCAL REG. 3-30-62 | |
| 26. REGISTRAR'S SIGNATURE Ruth Long | | 27. DATE SIGNED 3/29/62 | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John H. Wells

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eugene English

Licensed Embalmer No. 4105

P. O. Address 2110 N. 5th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.